

**MULTIPLE DEPENDENT
FEE CALCULATION
(FOR USE WITH FORM P)**

IM
T
15)

APPLICANT(S)

656 440

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
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| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
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| TOTAL IND. | 2 | | | | | |
| TOTAL DEP. | 1 | | | | | |
| TOTAL CLAIMS | 10 | | | | | |

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| TOTAL IND. | | | | | | | | | | | | |
| TOTAL DEP. | | | | | | | | | | | | |
| TOTAL CLAIMS | | | | | | | | | | | | |